

Family Fun Costume Run



Sponsored by
Adventist Health

Adult 1 Name _____ Bib Number _____

Adult 2 Name _____ Bib Number _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

Email _____

Emergency Contact Name & Phone _____

Registration Fee (fill in quantity of each)

_____ Adult \$25

_____ Youth 12-17 \$10

_____ Children under 12 are free.

Costume Contest: (Check here)

_____ Enter myself and youth/children listed below.

_____ Enter only the youth/children listed below.

Finishing medals will be awarded to those who complete the course.

Costume contest prizes will be awarded after the race at 12:30 pm.

The contest judge will select the winners by bib number. Need not be present to win.

Child /Youth (under 18) Registration:

Name _____ Age _____ Bib Number _____

Name _____ Age _____ Bib Number _____

Name _____ Age _____ Bib Number _____

Name _____ Age _____ Bib Number _____